

| POSITION                  | INITIALS | ID NO. | DATE    |
|---------------------------|----------|--------|---------|
| FEE DETERMINATION         | N.A      | 12     | 9/29/01 |
| O.I.P.E. CLASSIFIER       | R        | 1080   | 8-15-01 |
| FORMALITY REVIEW          |          |        |         |
| RESPONSE FORMALITY REVIEW |          |        |         |

BEST AVAILABLE COPY

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

| Claim    | Date   |
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| Final    |        |
| Original | 9-4-01 |
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| Claim    | Date |
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If more than 150 claims or 10 actions  
 staple additional sheet here

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LOW 8116